

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

FIRST

District of MASSACHUSETTS

SUMMONS IN A CIVIL CASE

GERTRUDE GOROD
MASSACHUSETTS GENERAL HOSPITAL
DR. WILLIAM BINDER
JAMES MCCARTHY
ERIK NORENKIA
SUSAN WARCHAL
DIPLOMAT
CARUSO MUSIC
LAWRENCE CARUSO

CASE NUMBER:

05 - 10842 WGY

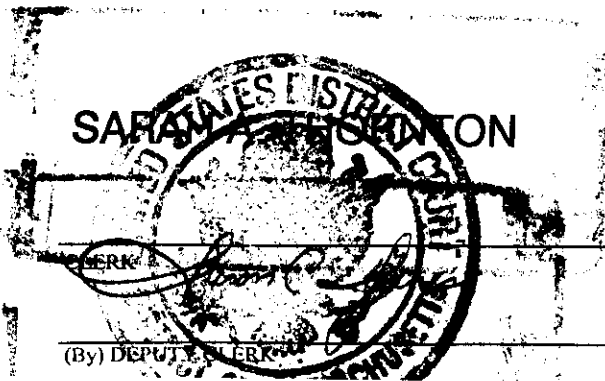
TO: (Name and address of Defendant)

ERIK NORENKIA
c/o MASSACHUSETTS GENERAL HOSPITAL
55 FRUIT STREET
BOSTON, MA 02114

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY, ~~XXXXXXXXXX~~ (name and address)

GERTRUDE GOROD
P.O. BOX 856
EVERETT, MA 02149

an answer to the complaint which is served on you with this summons, within TWENTY days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



DATE

4-26-05

(By) DEPUTY CLERK

AO 440 (Rev. 8/01)-Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽ⁿ⁾	DATE	
NAME OF SERVER (PRINT) UNITED STATES POSTAL SERVICE	TITLE	
Check one box below to indicate appropriate method of service		
<p>Served personally upon the defendant. Place where served: _____</p> <p>Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> Returned unexecuted: _____</p> <p><input checked="" type="checkbox"/> Other (specify): <u>CERTIFIED MAIL SEE: BELOW</u></p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____ Signature of Server _____</p> <p style="text-align: center;">_____ Address of Server</p>		

ENDER COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Dr. Norenika
c/o Mass. General Hospital
55 Fruit Street
Boston, MA 02114

Article Number
 (Transfer from service label)

7004 2510 0004 0155 5865

A. Signature <i>X Ed Bennett</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Ed Bennett</i>	C. Date of Delivery <i>APR 27 2005</i>	
D. Is delivery address different from front of mailpiece? If YES, enter delivery address below		
3. Service Type USPS		
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7004 2510 0004 0155 5865

Sent to *Dr. Norenika*
c/o Mass. General Hospital
55 Fruit Street
Boston, MA 02114

Total Postage & Fees \$ 4.65	Postage \$ 0.60	Certified Fee 2.30
		Return Receipt Fee (Endorsement Required) 1.75
		Restricted Delivery Fee (Endorsement Required)

OFFICIAL USE

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

UNIT 111-115
 APR 26 2005
 Postmark
 BOSTON MA 02104